DOCUMENT RESUME

ED 278 462 JC 870 098

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TITLE Preceptorship: It Really Works!
INSTITUTION Red Deer Coll. (Alberta).
PUB DATE [85]
NOTE 16p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Clinical Experience; Community Colleges; Foreign Countries; Internship Programs; Mentors; *Nurses; *Nursing Education; *Practicum Supervision; Professional Education; Student Experience; Two Year Colleges
IDENTIFIERS *Clinical Preceptors

ABSTRACT

A description is provided of the development and evaluation of a preceptorship program for nursing students at Red Deer College (Alberta). Introductory remarks describing the decision to initiate a preceptorship program in January, 1982, are followed by a section discussing the need for a preceptorship program to provide senior students with opportunities in developing clinical skills and procedures. A literature review on preceptorship programs is followed by a listing of aspects of the preceptor concept considered to be advantageous to students, preceptors, and nursing personnel. Next, a preceptor is described as a nurse who is a clinical expert in his/her field, who functions as a role model and resource for the nursing student. The next section describes the steps taken by Red Deer College (Alberta) in developing its preceptorship program, which included writing a handbook on the components of the practicum course and preceptorship; hosting a tea for all involved agencies; obtaining initial feedback; developing a student/preceptor handbook; holding student meetings and workshops for preceptors; predicting problem areas; and developing a skill inventory list. The section on implementation describes the college's first preceptorship program, which began in May 1982. Finally, information about the results of evaluations of the preceptorship program is presented. (LAL)

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IT REALLY WORKS!

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PRECEPTORSHIP , IT REALLY WORKS!!

By Mary Gardiner
Linda Martin

ABSTRACT

The authors describe a preceptorship program for nursing students at Red Deer College. They discuss the rationale for preceptorship, the preparation of preceptors and implementation of the program. Evaluation is outlined over a three year period.

INTRODUCTION

Preceptorship! After three years this term is now a "household" word at Red Deer College. This program, a rewarding experience for students, college instructors and hospital staff, consists of a final clinical experience where on-the-job learning is individualized through a student's relationship with a preceptor.

Prior to 1982 the final course of the nursing program was a six week practicum. Approximately 50 senior students were placed each spring at either Red Deer Regional Hospital or one of the smaller Central Alberta hospitals. The students were assigned to a variety of staff nurses, who carried their own case load, and were asked to complete daily evaluations of the students. Two to three college instructors supervised these students, consulted with students and unit nurses, followed up concerns, and completed each student's permanent evaluation record.

The preceptorship program arose to facilitate the learning process in the final course of the nursing program. Preceptorship is one learning method to aid in the prevention and ease of impact of reality shock. It allows students to be exposed to the realistic view of nursing while still being a student. It provides a link between service and education. Both nursing education and nursing service are concerned with the disillusionment and frustrations of new graduates as they enter nursing practice. Differences in the expectations of new graduates by nursing service and education are apparent and can add to stress and anxiety levels.

These issues were addressed during the preparatory plans for the spring practicum in January, 1982, and the idea for a preceptorship progam was conceived. We received enthusiastic support from the college administration. A whirlwind of preparations followed and the preceptorship program was born.

WHY A PRECEPTORSHIP?

The preceptorship program was developed to assist senior students in developing cognitive, psychomotor and affective skills necessary to function as competent staff nurses. There was a definite need to provide a consistent, effective and efficient method of learning that would facilitate, through individualized teaching with a preceptor, the role transition to graduate nurse status.

More specifically the preceptor program would provide opportunities for students to practice and develop clinical skills and procedures, as well as those related to leadership, management and organization. Clinical experiences were based on individual learning needs, as identified by the student. It also provided for consistency and continuity of student learning, as the student worked closely with one staff member. Students had the opportunity to make and record observations. Development of the student as an integral member of the health care team was also a key factor in this program. It was felt that the socialization process was as important as the skill orientation.

LITERATURE REVIEW

Several nursing authors have discussed preceptorship or internship programs that are designed to meet the needs of neophyte nurses, and the principles for preceptor/student relationships are similar. McGrath and Koening (1978, p. 13) described the preceptor as a clinicaly qualified nurse who could provide supervision and assistance to the new graduate "in facing the unexpected problems certain to arise in a first work experience". Through this guidance the personal qualities of self confidence, responsibility and initiative in the new nurse are strengthened. May (1980, p. 1824) reported that preceptorships provided opportunity for senior staff nurses to develop skills as a preceptor in order to facilitate the orientation phase of a new nurse. The rewards for the preceptor were a formal recognition and promotion of clinical competence at the staff nurse level.

In her article describing the new graduate's socialization, Janice Bell Meisenhelder (1981, p. 17) identified the stressful role transition of the newly graduated nurse. Utilizing Kamer's Reality Shock as the theoretical framework Meisenhelder discussed the need for orientation programs to identify and address the emotional needs of new graduates. She identified providing support, giving content when it can be used, assisting in the setting of realistic self-expectations and the provision of continuous feedback as the few critical factors in the implementation of such a program.

Chickerella and Lutz (1981, p. 108) found that preceptors provide professional nurturance to their students. Students exposed to the daily practice and frustrations of nursing were able to assume increasing responsibilities. Clara Walters (1981, p. 247) described a program where the student and preceptor develop a learning contract followed by integration of newly achieved experiences with the previously learned theory. The student began to function as a professional staff nurse, interacting therapeutically with her patients.

Shelagh Roell (1981, p. 29) identified the need to assist new graduates in bridging the gap between education and service. Internships were developed to help increase the independent functioning of new graduates in the clinical area. Roell describes a national study on the status of internships which showed them to be efficient and effective in the orientation of new graduates. Murphy and Hammerstad's (1981, p. 18, 20) work described the role of the preceptor as one of counselling and modeling leadership behaviors, resulting in the growth and development of new graduates.

Parry J. Knauss (1980, P. 44) described preceptorship as a method to provide individualized orientation to new graduates. Staff nurses with one to three years experience were chosen as preceptors and played an active role in the establishment of priorities and identification of needs. The author cited the evaluation of both new graduates and preceptors as being positive.

Everson et al (1981, p. 24) described the inception of an orientation program facilitating the clinical development of newly graduated nurses. The program, initiated by staff development, involved the use of staff members as preceptors, chosen from each clinical area. The authors speak of the positive evaluations received over a two year period and describe the support group developed by preceptors for preceptors.

ADVANTAGES OF PRECEPTORSHIP

We identified nine aspects of the preceptor concept that we felt would be advantageous to students, preceptors and nursing personnel. Preceptorship would facilitate the transition from student to employee. As potential new employees, there would be a greater level of productivity earlier in the service area. It would allow opportunity for students to develop leadership, management and organizational skills. Consistency and continuity of student learning were identified as high priorities that could be met through such a program. Preceptors would have opportunity to learn and develop teaching skills and to develop themselves as resource persons and role models. Job satisfaction for preceptors may increase due to the program and their involvement in it. Since preceptors and students would share the same patient load, there would not be a heavier or double nursing care load for the preceptor. Preceptorship would also enable a staff nurse to help meet the employer's expectations for continuing education. Other ward staff would also benefit as they would not be responsible for supervising or writing evaluations for students.

DESCRIPTION OF A PRECEPTOR

A preceptor is a nurse who is a positive role model, knowledgeable and a clinical expert in her particular area. By clinical expert, we mean someone who is competent in the clinical knowledge and skills required for practice in her area. Facilitator, teacher, observer and evaluator are terms used to describe a preceptor. Effective use of skills in establishing sound interpersonal relationships is necessary. A preceptor should be able to generate and examine alternatives and seek assistance from others when needed, demonstrating effective problem solving skills. The ability to give both positive and constructive feedback is vital since this is part of the students' learning process. An essential attribute is that the

staff nurse must want to facilitate and teach students.

To meet our own needs, since we would be functioning more in a consultative role than one of direct supervision, we requested the preceptors to have been employed by the hospital for a minimum of one year. Part of the impetus behind this move was that we needed nurses who could function as resource people for hospital philosophy, policy and procedure interpretation.

PLANNING

We planned the program, setting out tasks and timelines. We were totally committed to this new concept but realized we had a great deal to accomplish in a short time if we were to succeed.

A handbook was developed explaining the components of the practicum course and preceptorship. We hosted a tea for all the involved agencies. We met with head nurses, directors and assistant directors of nursing to outline the proposed program and obtain initial feedback. To our surprise and joy, we received immediate overwhelming support and approval. We then travelled to the smaller hospitals and repeated the presentation to the four directors of nursing not able to attend the tea. Historically, Red Deer College Nursing program has enjoyed a strong ongoing liaison with the hospital agencies and they have consistently accepted our students. The preceptorship concept was also generally accepted by the smaller hospitals.

A student/preceptor handbook was also developed which included course information and the various evaluation forms. We met with the head nurses to assist them in matching the students with the preceptors.

We met with the students to distribute the student/preceptor handbooks, to describe the program, to request their learning objectives, and asked them to meet with their preceptors prior to commencement of their experience. The purpose of the meeting between students and preceptors was to allow them to become acquainted and to review the learning objectives.

Workshops for preceptors were planned and conducted to establish the functions, roles and communication systems of students, preceptors and instructors, to identify potential problems and methods of resolving these problems, and to clearly establish expectations of the evaluation system. In the workshops, role playing was used depicting a 'student' using poor communication skills and errant surgical aseptic technique. The scene was video taped, played back and preceptors identified the errors. Assessment of the performance and methods for giving constructive feedback, were discussed.

We attempted to predict problem areas that may develop such as personality differences, disparity in values, and communication difficulties. We encouraged open communication and discussion between student and preceptor. We stressed that intervention by by a college instructor may be necessary to resolve conflicts. Impasse situations may develop and it was agreed that if learning ceased to take place then a reassignment would occur.
Other areas of concern were identified; for example, if a preceptor is ill or away, the student would be assigned temporarily to another nurse as a buddy. If the absence was long term, a new preceptor would be chosen and individually prepared for the role.

A skill inventory list was developed to assist in giving direction to meeting individual objectives. The inventory included common procedures which the student was expected to perform competently. At the beginning of the experience the student and preceptor were required to review the inventory together. This consultation resulted in planning assignments and experiences that provide the learning opportunities to decrease the number of deficits.

IMPLEMENTATION

By April of 1982 everything was ready! Students had chosen their clinical areas which included seven Central Alberta Hospitals and eleven Red Deer Regional Hospital nursing units. Preceptors were chosen for all areas except one smaller hospital which declined to participate in the program. The preceptors had all attended an orientation workshop either in a group or individually. The preceptors had met with the instructor to determine communication lines and times. The students had submitted their learning objectives and most had met with their preceptors.

Implementation of the first preceptorship program began in May of 1982. Students adjusted to working with a staff nurse rather than with a college instructor, and to working 12 hour shifts, recognized the responsibility in caring for six to eight patients, identified feelings of really being included as part of the unit team, and gained insights into the functions of team leaders, head nurses and unit secretaries. The preceptors were seriously committed to their new role, examined their own skills, studied and carefully evaluated their student's progress.
The unit staff welcomed the students and worked hard to maintain an exemplary standard of nursing care. The two instructors were encouraged to see their students grow in self confidence and independence and to witness the rapport and caring between student and preceptor. Socialization for the senior student on the brink of becoming a staff nurse was already happening. Instructors worked long flexible hours to accommodate meeting with students and preceptors working various shifts. They were 'on call' 24 hours a day, seven days a week, to handle any problems that might arise.

EVALUATION

The evaluation system included questionnaires to be completed by both students and preceptors. Evaluation of the clinical experience and of preceptors (if requested by the preceptor) were completed by the students. Both students and preceptors were asked to complete weekly progress notes, illustrating the ongoing progress of the student. A summary evaluation of the student at the end of the preceptorship was completed by the preceptor. Students and preceptors were also asked to respond to the evaluation system.

The overall feedback was positive and supportive of the program. Students identified consistent, direct supervision, continuity of learning and evaluation, a decrease in anxiety and an increase in confidence as positive feedback to the program. They felt respected and accepted as part of the nursing staff. The provision of a realistic approach to nursing was identified by all students. The students described the program as well-organized and a valuable learning experience. Most students felt that the evaluation system was fair, accurate and immediate and that it provided for the necessary feedback on strengths and weaknesses. The only criticism from students was that completing weekly progress notes was too time consuming.

The preceptors identified a greater continuity in teaching as a program plus. Most felt it had been a rewarding experience. They found the students to be less stressed, more secure and better able to build self confidence. Many preceptors identified the program as worthwhile, vastly superior to the prior practicum experience and highly functional.

Some preceptors felt that the weekly progress notes were necessary as they identified areas where the student could improve and provided an ongoing means to evaluate an experience. Others found them difficult to complete initially but became

easier with experience and assistance from the instructors. Preceptors in specialty areas identified the need for forms more directly related to their specialties. One preceptor thought that the grading system needed to be more definitive so that excellent work could be clearly rewarded. Many wished that they had had a preceptor when they were students and wondered how they would manage without their students.

The preceptors found the preparatory workshops to be beneficial, helpful and able to reduce some of their anxieties. They found the handbook to be a valuable resource. Some suggested that more time could have been spent explaining the objectives and how to write an evaluation. Others stated that the students should have been present. A suggestion was made to have a mid-session conference with preceptors and students.

Misunderstandings did occur on a few occasions between preceptors and students. As a result of open communication, the problems were resolved in all instances. It was observed and reported that many close associations were formed between students and their preceptors.

The preceptor program has been in operation for three years now. The second program was conducted in 1983 by two of our nursing colleagues. The format of the 1983 preceptor program differed only in the inclusion of an initial week of classes on nursing education and professional issues. The evaluation system and weekly visits by instructors remained the same. Many preceptors from the 1982 program participated again in 1983. The instructors for the preceptorship generated several recommendations for future consideration resulting on an overall positive evaluation for 1983. It was necessary in 1983 to have 2 preceptors for some students due to staffing modes and holiday time and students recommended that this not reoccur as it decreased continuity of learning.

The preceptorship was conducted the third time in the summer of 1984 by two nursing instructors. They reported that again, the overall response and acceptance of the program was extremely positive. They conducted similar orientation programs for preceptors as were held in 1982 and 1983. Student placement for clinical areas was decided by student peer groups, and was based on letters of application submitted by fellow students. Although similar to previous years the evaluation system was changed somewhat. Instead of weekly progress notes, checklists were used for assessing nursing standards, charts, patient and environment audits. Written summary evaluations were completed at mid-term and at the completion of the preceptorship period.

During each fall semester, meetings were held to assist in planning the succeeding preceptorship program. Recommendations from each program were taken into consideration.

Through our experience we have additional recommendations for future preceptorship programs.

1. that preceptors meet to form a support group to share thoughts and feelings on being a preceptor, discuss the positive rewards of the role, and share problems and methods of resolving them;
2. that a mid-session conference be held for preceptors and students to discuss "how things are going"; and
3. that one college instructor carry over from one year to the next to provide liaison and planning continuity.

SUMMARY

This article has described the step by step development and evaluation of a preceptorship program in a community college. After three years we still believe in the preceptorship concept. Our rationale has been supported by the positive feedback received from students and preceptors as well as hospital personnel specifically in relation to the new graduates' higher level of assertiveness, maturity and clinical competence.

SPECIAL THANKS

To all those wonderful nurses - students, staff, unit heads, administrators and colleagues - who supported us and were courageous enough to risk being part of the first preceptorship program at Red Deer College.

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